

Missing Missing
5 Pictures

14

41

52

84

93

101

~~115~~

135

~~ward Sun~~
~~central school~~

ASSIGNMENT TO DOCTOR

ASSIGNMENT TO DOCTOR

In consideration for service rendered or to be rendered by DOCTOR

.....

.....

(Street and No.)

(City)

(State)

for (illness) or (injury) sustained, 19.....,

I hereby assign to said Doctor the benefits due me covering MEDICAL and/or SURGI-
CAL EXPENSE under Policy No....., Certificate No.....

with..... insofar as they are necessary to cover such
expense.

I agree that, should the amount be insufficient to cover the entire medical and surgical
expense, I will be responsible to said Doctor.....

for payment of the difference; and that if the nature of the disability be such that it is
not covered by the Policy, I will be responsible to the Doctor for payment of the entire bill.

Dated....., 19.....

..... Signed

Witness

Policyholder